

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>CR 765837</i>	FILING DATE					
						APPLICANT/S						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/					51					
2	/						52					
3	2						53					
4	20						54					
5	2						55	/				
6	2						56					
7	5						57					
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47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.	5				
TOTAL DEP.							TOTAL DEP.	15				
TOTAL CLAIMS							TOTAL CLAIMS	20				

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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